

**Alabama Board of Nursing**  
**P.O. Box 303900, Montgomery, AL 36130-3900**  
**1-800-656-5318 <http://www.abn.alabama.gov>**

Agency Information	
Agency	Enter the name of Agency/Facility requesting approval
Address	Enter the physical <u>and</u> mailing addresses of the agency/facility include City, State and Zip code.
Contact Person	Enter the name of the contact person for the application or the person who will be available to answer questions.
Phone	Enter the phone number of agency/facility <u>with area code</u> .
Email address	Enter email address of contact person
Title of the Standardized Procedure	Enter the title of the proposed standardized procedure
Projected Date of Implementation	Enter the projected date of implementation, including month, day and year

Standardized Procedure applies to the following staff		Procedure Restrictions and/or limitations		
License Type	Check all that apply/add information	License Type	Identify all that apply/add information	Area
RN		RN		
LPN		LPN		
Other		Other		

\* If the procedure applies to an advanced practice nurse, such as CRNA or CRNP, check “other” and specify the discipline.

\* List any restrictions or limitations to the procedure such as the procedure will apply only to trained nurses in one particular area of the agency/facility such as the medical intensive care unit, emergency department, labor and delivery, etc. If there are no restrictions or limitations, enter “NONE”.

Attach the following information to the Application	A check mark indicates that you have attached the required information
Background Information	Information regarding the facility/agency/practice requesting approval <input type="checkbox"/> Identify the Unit/Department where procedure will occur <input type="checkbox"/> Bed Capacity; <input type="checkbox"/> Number of RNs and LPNs per shift <input type="checkbox"/> Estimated number of patients to receive procedure in set period of time ( month, quarter) <input type="checkbox"/> Information regarding the equipment and procedure
Instructor Qualification	Instructor qualification should be determined by verifying if the instructor has the knowledge, skills, ability, experience, and expertise to present the topic. The agency or organization should have a process for verifying qualification / credentials of the instructor.

## Standardized Procedure Application for Practice Beyond Basic Nursing Education Preparation

<p>Policy and Procedure for Standardized Procedure</p>	<p>The P&amp;P should include the following:</p> <ul style="list-style-type: none"> <li>* Defined nursing discipline(s) to perform the functions and activities requested</li> <li>* Training and selection process to include who will perform RN, LPN, Other</li> <li>* Details of any criteria specified in ABN Administrative Code Rule as well as, Specific details of the procedure and activities requested</li> <li>* Type patients (pediatric, adolescent, adult, geriatric)</li> <li>* MD Order/verification</li> <li>* Presence of MD if required by rule or standard of care</li> <li>* Patient Identification/verification</li> <li>* Step by step instructions to perform procedure</li> <li>* Any other safety precautions required by standard of care</li> <li>* Include procedure(s) to be followed in case of complications</li> <li>* Level(s) of supervision available to nurses performing the requested Standardized Procedure</li> </ul>
<p>Organized Program of Study/Education</p>	<p>Organized Program of Study – An organized program of study is an organized sequence of learning activities which provides the instructional foundation (didactic and clinical) for participants to achieve the desired learning outcomes in a given subject matter. Participants completing the program should receive validation of have demonstrated competency thru behaviors, knowledge, skills and ability. Includes intended learning outcomes in measurable behavioral/performance objectives.</p> <p>The objectives may be defined in terms which include but are not limited to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Define</li> <li><input type="checkbox"/> List</li> <li><input type="checkbox"/> Recall</li> <li><input type="checkbox"/> Describe</li> <li><input type="checkbox"/> Discuss</li> <li><input type="checkbox"/> Identify</li> <li>o Outline of content</li> <li>o Instructional methodology <ul style="list-style-type: none"> <li><input type="checkbox"/> Didactic lecture</li> <li><input type="checkbox"/> Independent study</li> <li><input type="checkbox"/> Combination</li> </ul> </li> <li>o Actual Content to be presented <ul style="list-style-type: none"> <li><input type="checkbox"/> Text</li> </ul> </li> </ul>

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	<input type="checkbox"/> Power point slides <input type="checkbox"/> Handouts <input type="checkbox"/> Evaluation tool (copy of test and answers) for determining degree to which learner objectives were met
Plan for Supervised Clinical Practice	Supervised clinical practice is a systematic plan for practicing the behavior/skill related to the Standardized Procedure under the supervision of a qualified instructor for the purpose of mastering the procedure. Includes: <input type="checkbox"/> Methodology of Practice <input type="checkbox"/> Manikin <input type="checkbox"/> Patient <input type="checkbox"/> Combination
Plan for Initial and Periodic Demonstrated Competence	The plan for demonstration of competency is a systematic plan for assessing and reassessing the nurse's ability to perform the procedure/treatment related to the Standardized Procedure with appropriate skills and knowledge to the acceptable level of performance. <input type="checkbox"/> Include form to document competency <input type="checkbox"/> Include number of times procedure is to be completed (include type and number of medication types if indicated) <input type="checkbox"/> Include plan or course of action if the nurse is deemed incompetent to perform the procedure.

**Required Signatures:** The signature of each individual below attests to knowledge and approval of the request for standardized procedure involving patients care beyond the basic nursing education of licensed nurses in your facility as listed in the request.

Chief Nursing Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 RN License Number: \_\_\_\_\_

Chief Medical Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 MD License Number: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Have the chief nursing officer with Alabama nursing license, chief medical officer with Alabama medical license and chief executive officer of Alabama facility sign on the designated line indicating their knowledge and approval of the request for the standardized (beyond basic education) procedure.

- Print the Names and Enter the date that the application is signed by the chief nursing officer, chief medical officer and chief executive officer.
- Enter the Alabama nursing license number of the chief nursing officer and the Alabama medical license of the chief medical officer on the designated line.
- Mail the completed application with the required attachments to the Alabama Board of Nursing. (address on the top of the application form)

